Exhibit 14

EXHIBIT 301

(1)

Vendor Audit Survey Form

(1)

Vendor Audit Survey Form Date: 5/4/12

Vendor/Company Name: New England Compounding Center

Street: 697 Waverly St

City: Framingham State: MA Zip Code: 01702

Telephone: 800 994-6322

Fax: 508-820-1616

Notice: I (we) certify that the information contained in this survey form is accurate and complete as of the date indicated. All information obtained will be kept confidential. This survey has been completed with the permission of the company surveyed.

Barry Cadd — Signature — President — Title

Signature — Title

Part I: GENERAL INFORMATION

Annual Sales: $ N/A Years in Business: 14

Privately Owned: yes

Subsidiary Division of: N/A

Other Plant Locations: NO

List major Customers:	Type of Contract:
Mass General	N/A
NY Presbyterian	N/A
Montefiore Hospital	N/A
Rhode Island Hospital	N/A

List Company Management:

Name:	Title:
Barry Cadden	DCP/President
Gregory Conigliaro	GM.
Paul Laqueur	CFO
Robert Penzio	Sales Director

Service to be performed for Brigham and Woman's Hospital: Compounded medications

Total # of Employees: 75

Work Schedule Hours: 8-5 M-F

Number of Shifts: One

Days per week: 5

Are Training Programs for personnel utilized?: Yes ✓ No

Proficiency Based?: Yes ✓ No

Certifications Provided?: Yes ✓ No

Recertification Period: Yearly

Describe Training Program:

Comprehensive, mentoring program

Part II: FACILITY

Number Buildings On-Site: (1)

Type: Single ____ Multiple ____ Wood ____
Brick ✓ Block ____ Steel ____

Location: Industrial Park ✓ Urban ____
Suburban ____ Rural ____

Equipment: Owned ✓ Leased ____

Square Footage: 30K saft

List Process Capabilities and/or Services Provided:

1. ael compounded medications
2. ____
3. ____
4. ____
5. ____

Have you been inspected by any state or Federal Agencies within the last two years?
Yes ✓ No ____

Name of Agencies:	Title:
Massachusetts board of Pharmacy	

Do you have Liability Insurance? Yes ✓ No ____

Are written compounding procedures (SOPs) in place?: Yes ✓ No _____

How often are procedures reviewed? yearly

Are procedures under change control?: Yes ✓ No _____

Describe revision process: yearly or as needed based upon significant process changes.

How is training of newly revised documents handled?: must be read & signed off by employees who are impacted

Are calibration records kept on file? Yes ✓ No _____

Are calibration standard traceable? ? Yes _____ No _____

Describe: _____

Part III: QUALITY CONTROL/ASSURANCE

Does the Quality Unit report directly to the top management? Yes ✓ No _____

Does the Quality Unit have full authority to reject CSPs? Yes ✓ No _____

Are the Quality Unit procedures in a formal written document? Yes ✓ No _____

Are the procedures revised on a periodic basis? Yes ✓ No _____

Does the Quality Unit have an adequate education, training, and experience? Yes ✓ No _____

Is the facility registered of licensed by a federal, state, or professional agency? Yes ✓ No _____

Which ones: MA. board of pharmacy

Is there a formal quality assurance program involving Performance testing of equipment used for testing? Yes ✓ No _____

Part IV: CUSTOMER COMPLAINTS

Is there an organization complaint file? Yes ✓ No ____

Does each complaint state:

Nature of complaint Yes ✓ No ____

Response to customer Yes ✓ No ____

Further corrective/preventative action Yes ✓ No ____

Complaint file kept for 5 years.

Is there a specific review of complaint files for trends? Yes ✓ No ____

Is the review filed as a written summary? (quarterly) Yes ✓ No ____

Is there a group or individual assigned to handle customer inquires and follow up on complaints? Yes ✓ No ____

Do you perform "in house" Audits? Yes ✓ No ____

What companies have performed audits on your company in the last year? (Please list a minimum of 3 companies.)

NY Presbyterian

Part V: USP >797> QUALITY COMPLIANCE

Describe gowning for CSP: see S.O.P. - use "sterile" full coveralls.
- one gowned per day
- automated hand wash machine w disinfectant mixture...

Who is responsible for cleaning/sanitization programs? QC-manager + Pharmacy cleanroom supervisor.

Rotation of Sanitizers? Yes ✓ No ____

Frequency of cleaning cleanroom daily - weekly - monthly schedule.

Environmental Monitoring Performed? Yes ✓ No ____

- Surfaces Yes ✓ No ____ Type ____
- Air Yes ✓ No ____ Type ____
- Personnel Yes ✓ No ____ Type ____
- Number of Cleanrooms Two
- Frequency of Environmental Monitoring weekly - monthly
- Trending Program Yes ✓ No ____
- Particle Counts Yes ✓ No ____
- Cleanroom Certification Yes ✓ No ____ Frequency 6 months

CSP Testing USP <71> Sterility Yes ✓ No ____

CSP Testing USP <85> Endotoxin Yes ✓ No ____

Inhibition Testing Performed Yes ____ No ____

USP Testing Performed By ARL - "Analytical Research Labs"

Outside Audit Performed Yes ____ No ✓

CSP Proficiency Technician Testing Yes ✓ No ____

- Risk Level High ✓ Medium ____ Low ____
- Frequency Q 6-months.

USP <797> Compliance Program Yes ✓ No ____

Formal Quality Unit Yes ✓ No ____